

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06042

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH- COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Laurel</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Laurel</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
FANNY	JANE	APCAR.	
4. DATE OF DEATH	(Month)	(Day)	(Year)
June	7	1957	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
F	W	MARRIED	May 4 1870
9. AGE last birthday	If under 1 year	If under 24 hrs.	If under 24 hrs.
81 yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Same	Illinois	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Thomas Minney		Elvira Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
no			
17. INFORMANT AND ADDRESS			
Mrs. Thomas P. Orr, Jr., Laurel, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 w

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 6-7, 1957, to 6-7, 1957, that I last saw the deceased

alive on May, 1957, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Wm. R. Bunge

M.D.

305 Prince George St.

6/7/57.

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 11-57

Frank Shipley

Dr. W. H. Donaldson, Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 475

RECEIVED
JUN 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

06043

1. PLACE OF DEATH COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ellicott City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ellicott City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Columbia Road</u>		STREET ADDRESS (If rural, give location) <u>Columbia Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Philip</u>	(Middle) <u>Hammond</u>	(Last) <u>Dorsey</u>
4. DATE OF DEATH	(Month) <u>6-5</u>	(Day) <u>51</u>	(Year) <u>19</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-14-1869</u>
9. AGE last birthday <u>81</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
11. BIRTHPLACE (State or foreign country) <u>Howard Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Howard Co., Md.</u>	
13. FATHER'S NAME <u>Reuben M. Dorsey</u>		14. MOTHER'S MAIDEN NAME <u>Mary Eliza Kraft</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Florence Dorsey, Ellicott City, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Arteriosclerotic Cardio Vascular Disease 9 years.

INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1942 to 6-5, 1951, that I last saw the deceased alive on 6-4, 1951, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 7, 1951 John B. LoughranF.C. Higinbotham, Ellicott City, Md.Pres. B. E. L.100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

JUN 11 1951

BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkridge</u>	
TOWN <u>Elkridge</u>		TOWN <u>Elkridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1726 Leveering ave</u>		STREET ADDRESS (If rural, give location) <u>1726 Leveering ave</u>	
3. NAME OF DECEASED (First) <u>Anna</u> (Middle) <u>Christine</u> (Last) <u>Dukehart</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>26</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 6, 1875</u>
9. AGE last birthday <u>76</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
11. FATHER'S NAME <u>Mr John Rehberger</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. MOTHER'S MAIDEN NAME <u>Sally Everett</u>		14. BIRTHPLACE (State or foreign country) <u>Baltimore md</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs David E. Hammon 1726 Leveering ave</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Broncho pneumonia

Antecedent cause(s)

(b) Barkerison Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) Cor Myocarditis11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>Elkridge</u>	(COUNTY) <u>md</u>	(STATE) <u>md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 26, 1957</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>falling from roof</u>		

22. I hereby certify that I attended the deceased from June 2, 1957, to June 26, 1957, that I last saw the deceased alive on June 26, 1957, and that death occurred at 5:25 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 29, 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Meadow Ridge Memorial Park</u>	LOCATION (City, town, or county) <u>Elkridge md</u>	(State) <u>md</u>
DATE REC'D BY LOCAL REG. <u>June 28, 1957</u>	REGISTRAR'S SIGNATURE <u>Miss B. Bird Williams</u>	24. FUNERAL DIRECTOR <u>Henry W. Jenkins & Sons, Inc.</u>	ADDRESS <u>4905 York Rd.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-113

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06045

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ellicott City (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ellicott City (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Road</u>		STREET ADDRESS <u>Frederick Road</u>	
3. NAME OF DECEASED (First) <u>Roy</u> (Middle) <u>Francis</u> (Last) <u>Feaga</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-4-1902</u>
9. AGE last birthday <u>49</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Frederick, Md.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>Charles A. Feaga</u>		14. MOTHER'S MAIDEN NAME <u>Lilly Kehne</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. R.F. Feaga, Ellicott City, Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Hypertensive cardiovascular renal diseaseINTERVAL BETWEEN ONSET AND DEATH
2 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

Cerebral hemorrhage c left hemiplegia
Bronchial asthma10 months
20 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to June 12, 1951, that I last saw the deceasedalive on June 12, 1951, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles S. Whitaker, M.D.Clarksville, MarylandJune 13, '51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 14Alice J. HechtF.C. Higinbotham, Ellicott City, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06046

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

1. PLACE OF DEATH - COUNTY <u>Howard</u>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>New York</u> COUNTY <u>Erie</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Savage (rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Kenmore</u>	
TOWN <u>Savage (rural)</u>		TOWN <u>Kenmore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Property north of Savage R R tracks 30 yds. W. of Rt. #1</u>		STREET ADDRESS (If rural, give location) <u>24 Wendover Ave</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>George</u> (Middle) <u>Paul</u> (Last) <u>Ogden</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>23</u> (Year) <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-21-20</u>
9. AGE last birthday <u>31</u> yrs.		10. AGE last birthday (If under 1 year) Months <u>6</u> Days <u>23</u> (If under 24 hrs) Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day Work</u>	
11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Ogden</u>		14. MOTHER'S MAIDEN NAME <u>Anna Eckhardt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW 2</u>		16. SOCIAL SECURITY No. <u>579-07-7958</u>	
17. INFORMANT AND ADDRESS <u>Anna Ogden, Kenmore, N.Y.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Comminuted fracture of skull</u>		<u>Instant</u>	
Antecedent cause(s) (b) <u>812.5 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
(c) <u>1702</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY <u>nr. Route #1</u>	(CITY OR TOWN) <u>near Savage</u>	(COUNTY) <u>Howard</u> (STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>6-22-51</u> <u>?</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Not Certain-Supposedly head crushed by auto while sleeping on ground</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <u>George E. Broughton M.D.</u>		DATE SIGNED <u>6-23-51</u>	
Deputy Medical Examiner for Howard County			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6-28-51</u>	NAME OF CEMETERY OR CREMATORY <u>Arlington Natl.</u>	LOCATION (City, town, or county) <u>Arlington, VA.</u> (State) <u>VA.</u>
DATE REC'D BY LOCAL REG. <u>June 25-51</u>	REGISTRAR'S SIGNATURE <u>Shank Shipley</u>	24. FUNERAL DIRECTOR <u>W.W. Chambers Co</u>	ADDRESS <u>517-11th St SE</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06047

Reg. Dist. No. 4

1. PLACE OF DEATH- COUNTY HOWARD MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Florida COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN Palmetta	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) Box 73	
3. NAME OF DECEASED (First) (Middle) (Last) CHARLES or Charley PICK		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Feb. 8 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Long Distant Truck Drive		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 42 yrs.
11. BIRTHPLACE (State or foreign country) Gallatin Tenn.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Fred Pick		14. MOTHER'S MAIDEN NAME Nancy L. Tucker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. 2		16. SOCIAL SECURITY No.	
17. INFORMANT Edwards Funeral Home Palmetto Fla.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Third Degree burns**

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	Rte 1 (CITY OR TOWN) Savage, Maryland (COUNTY)* Howard (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY 6-8-51 3:10 A.	INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? Truck and gasoline truck collision

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	June 9 1951		BRADENTON - FLORIDA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-9-51	ET	Frank Della Hore 322 S. High St

*Letter Dr. Fisher, Dep Med Exam. 6-18-51ams

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

683568